

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/308397

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1						
2						
3	1					
4		1				
5			1			
6				1		
7		1				
8			1			
9				1		
10		1				
11			1			
12				1		
13	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	17	↔	↔	↔		
TOTAL CLAIMS	24	↔	↔	↔		

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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100						
TOTAL IND.		↔				
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔